

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # _____		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	12	7/2/92	\$ 350.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
10 REASON:		7 TOTAL AMOUNT OF REFUND		\$ 350.00
		8 TO BE REFUNDED BY:		
		Treasury Check		
		Credit Deposit A/C #:		
		<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 10--0750 </div>		
	Overpayment			
<input checked="" type="checkbox"/>	Duplicate Payment See #10			
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Rita Kent</u>		TITLE: <u>Appl. Exr.</u>		
SIGNATURE: <u>Rita Kent</u>		PHONE: <u>308-2194</u>		
OFFICE: <u>Group 3300</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>A. Shupman</u>		DATE: <u>8-11-92</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B